NOTICE OF PROPOSED RULE ADOPTION





Mississippi Department of Insurance SECTE HE TO LEGISTICS OF THE PROPERTY OF T 501 N. West Street, Suite 1001 P.O. Box 79 Jackson, MS 39205 (601) 359-3569 lee.harrell@mid.state.ms.us

Governor's State of Emergency Proclamation of August Governor's State of Emergency Proclamation of September 2, 2005; State of Mississippi Emergency Operations and Executive

Order No. 653

Reference to Rules repealed, amended or suspended by the **Proposed Rule:** N/A

Specific Legal Authority authorizing the promulgation of Rule:

§§ 33-15-11; 33-15-11(b)(9); 33-15-11(c)(4): an d 25-43-3.108

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

To establish a non-adversarial alternative dispute resolution procedure which is prompted by the critical need for effective. fair and timely handling of personal lines insurance claims arising out of the damages to property caused by Hurricane

		cy regulation pursuant to Miss. Code Ann. § 25-43-3.108.
This rule is proposed a	s a ∏Final Rule, and/or a 🌠 T€	emporary Rule (Check one or both boxers as applicable.)
address. Persons mal	king comments should include	le by addressing written comments to the agency at the above their name and address, as well as other contact information, and nd telephone number of the party or parties you represent.
Oral Proceeding:	Check one box belo	ow:
☐An oral pro	oceeding is scheduled on this rule	e on Date: N/A
the above add include your n	ress at least day(s) prior to name, address, telephone number	t the oral proceeding you must make a written request to the agency at of the proceeding to be placed on the agenda. The request should as well as other contact information; and if you are an agent or other of the party or parties you represent.
will be held if persons. The (20) days after number of the	a written request for an oral pro written request should be submit the filing of this notice of prope	s rule. Where an oral proceeding is not scheduled, an oral proceeding ceeding is submitted by a political subdivision, an agency or ten (10) ted to the agency contact person at the above address within twenty osed rule adoption and should include the name, address and telephone and if you are an agent or attorney, the name, address and telephone
Economic Impact Sta	tement: Check one box belo	ow:
The agency	has determined that an econom	ic impact statement is not required for this rule, or
☐The concise	summary of the economic impa	act statement required is attached.
	roposed Rule including the text of the Temporary Order is attach	of any rule being amended or changed is attached. ed.
Date Kule Proposed:	December 20, 2005	Proposed Effective Date of Rule: December 20, 2005

Lee Harrell Deputy Commissioner of Insurance

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SOS FORM APA 001 Effective Date 07/29/2005